

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 585512

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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34	1		1			
35	1		1			
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37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50	1		1			
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		50				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						